

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 09/831698		FILING DATE			
								APPLICANT(S)					
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1								61	1				
2								62	1				
3								63	1				
4								54	1				
5								65	1				
6								66					
7								67					
8								68					
9								69					
10								60					
11								61					
12								62					
13								63					
14								64					
15								65					
16								66					
17								67					
18								68					
19								69					
20								70					
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36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	6							TOTAL IND.					
TOTAL DEP.	10		10		10			TOTAL DEP.		10		10	
TOTAL CLAIMS	26		25		24			TOTAL CLAIMS					